



UI-21, "Report of Change in Ownership or Discontinuance of Business in Whole or in Part", Rev. 2021

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**LABOR CABINET
OFFICE OF UNEMPLOYMENT INSURANCE**
NOTICE TO ALL USERS
You are attempting to access a Commonwealth of Kentucky governmental information system. The Kentucky Office of Unemployment Insurance monitors all usage of this site in order to prevent any fraudulent or unauthorized activities.
Any unauthorized use of this system or schemes to establish fictitious employer accounts, file fictitious employer reports, or fraudulently claim unemployment benefits will be referred to local, state and federal authorities and may result in prosecution by the Office of Inspector General.
For security purposes, we have obtained your login information.
☒ *I acknowledge that I am authorized to execute this transaction on behalf of the employing unit and the statements and information entered into this information system will be true, correct, and complete to the best of my knowledge.
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Account Login

*KEIN or TPA number

*Password

☐

I'm not a robot



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[Forgot your password?](#) or [Change your password](#)

Note: please enter the 8 or 9 digit Kentucky Employer Identification Number (KEIN) or Third Party Administrator Number (TPA) as shown on your report without spaces. [KEIN Examples](#)

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Close User Account

Business Name **TEST ACCOUNT**

*Reason for closing your account

Please indicate date the business closed, transferred, or ceased to have employees: (You may need to file a final report for the quarter, if employment occurred during any portion of the quarter before the closing date).

*Date Business Closed

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Close User Account

Business Name **TEST ACCOUNT**

*Reason for closing your account

Please indicate date the business closed, transferred, or ceased to have employees: (You may need to file a final report for the quarter, if employment occurred during any portion of the quarter before the closing date).

*Date Business Closed

Acquiring Party Information

Please provide the following information regarding the purchase or transfer of your business.

*Business Name

*FEIN

*Contact Name

*Title

*Address Line 1

Address Line 2

Country

*Zip Code

*City

*State

*Phone

Email

*Was the business sold in entirety or was any portion retained? ☐ Entirely (100%) ☐ Partial (retained a portion)

*Did the new ownership retain your employees? ☐ Yes ☐ No

*Did the new ownership acquire any work contract or commitments from your former business? ☐ Yes ☐ No

*Will the new ownership operate business in the same location? ☐ Yes ☐ No

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Close User Account

STATEMENT OF ACKNOWLEDGEMENT

Please read each statement and check the acknowledgement box to proceed.

- ☐ *I agree to notify the Kentucky Office of Unemployment Insurance if I resume business or employment in Kentucky. (The Office will require me to complete an application for reinstatement)
- ☐ *I agree to file all final quarterly reports that are due.
- ☐ *Closing my account does not relieve me of any delinquency or past due amounts owed to the Office. (The Office will pursue all efforts necessary to collect past due debts)
- ☐ *I am not closing my account for the sole purpose of obtaining a new account. (The Office monitors payroll shifts, tax manipulation schemes and other fraudulent activity)

ELECTRONIC SIGNATURE

(The Statement of Acknowledgment must be accepted to submit the application and complete the registration.)

I agree, under the penalties of perjury, that the statements and information entered in this registration application have been examined by me and to the best of my knowledge are true, correct, and complete. I also acknowledge that I am authorized to execute this transaction on behalf of the employing unit.

☐ *I Agree

* FIRST NAME	MI	* LAST NAME	* TITLE
<input type="text" value="First Name"/>	<input type="text"/>	<input type="text" value="Last Name"/>	<input type="text" value="Title"/>

Friday, October 01, 2021

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Employer Account Registration

Welcome to the Kentucky Unemployment Tax registration process. In order to proceed with the registration process, you will need the following:

- Federal Employer Identification Number (FEIN)
- The date the business hired the first Kentucky employee
- All owner, partner, or officer information, including social security number, residence address, phone number and email address.
- The current physical address or location address of the business being registered.

*Enter your FEIN

*Re-enter FEIN (for verification)

Note: If you do not have a FEIN, you may visit the IRS website at www.irs.gov to apply for one.

* denotes required field

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Password and Security Questions Setup

Passwords must adhere to the following rules:

At least one lowercase letter (a to z) and one uppercase letter (A to Z)

At least one digit (0 to 9) and at least one special character (!, @, #, \$, %, ^, &, *)

Password length must be between 8 (minimum) and 20 (maximum) characters as described above

Remember that the password created here will be used in the future in reference to this business for any other functions performed through this website, including but not limited to: address changes, refund requests, and quarterly filing and payments.

*Enter your Password

*Verify your Password

Please select security questions and answers

*Security Question #1

*Security Answer #1

*Security Answer #1

*Security Question #2

*Security Answer #2

*Security Answer #2

*Security Question #3

*Security Answer #3

*Security Answer #3

* denotes required field

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Employer Account Registration

- While completing the registration process, you may use the previous and next buttons to view or change the information you have entered.
- If you close the window to exit the application, all information will be lost and will not be saved.
- You will have the opportunity to print or save a PDF version of this registration at the end of the process.
- If you have any questions during the registration process or need assistance, please contact the **Unemployment Insurance Tax Status Department at 502-564-2272** between the hours of 8:00 am and 4:00 pm EST.

Please select from the following options to proceed

- I am a brand new business in Kentucky. I did not purchase or acquire all or part of an existing business.

[>> New Business Registration](#)

- I am a brand new business in Kentucky. I have purchased or acquired all or part of an existing business.

[>> New Business Registration as a Successor](#)

- I already have an inactive Kentucky Employer Identification Number (KEIN) and I have now resumed employment and need to reinstate my account.

[>> Registration to Reinstate your account](#)

- I am applying to determine liability for an unemployment reserve account in order to obtain a letter of good standing for the Kentucky Secretary of State's office.

[>> Registration for Letter of Good Standing](#)

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Successor Employer Business Type

You have indicated that you have acquired or merged with another business in whole or part, or have made changes to your existing business. Please select one of the following that best describes your situation:

- ☐ Purchased or acquired an existing business in entirety
- ☐ Purchased or acquired an existing business in part
- ☐ Restructured prior business structure with no FEIN change
- ☐ Restructured prior business structure with FEIN change
- ☐ Leased existing business
- ☐ Lease reversion (control of the business is reverting back to your company)

* denotes required field

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Employer Registration

*On what date did you purchase, acquire or make a change to your business?

*Was the previous business in operation at the time you acquired or changed the structure? ☐ Yes ☐ No

*Will you operate the same type of business as the previous employer? ☐ Yes ☐ No

*Will you be operating your business in the same location as the previous employer? ☐ Yes ☐ No

*How many employees did the previous or acquired business employ?

*How many employees of the previous or acquired business will now be employed with your business?

*Did you acquire work contracts or commitments from the previous business? ☐ Yes ☐ No

Details of Acquired Business and Previous Ownership

*Legal Name

*DBA Name

KEIN

*Address Line 1

Address Line 2

Country

*Zip Code

*City

*State

*Phone

Previous Owners or Officers of Business

*1 Owner / Officer

*Title

2 Owner / Officer

Title

3 Owner / Officer

Title

4 Owner / Officer

Title

*Does the previous owner continue to have employees?

☐ Yes
☐ No
☐ Not Sure

* denotes required field

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New Employer Registration

- **Regular Business** - Services performed in a for profit business. Most new businesses fall within this category.
- **Domestic Business** – Services performed in a private home such as a caregiver, housekeeper, cook or other household employment.
- **Agricultural Business** - Services performed on a farm in connection with raising or harvesting an agricultural or horticultural commodity. Please Note: Horse racing is a Regular Business type and does not fall under Agricultural Business type.
- **Governmental Business** - Services performed by a state agency, college, university, hospital, local county or city governments and their agencies. Please Note: Governmental contractors are Regular Business type and do not fall under Governmental Business type.
- **Non-Profit 501(C)(3) Business** – Services performed for a not for profit 501(c)(3) organization such as a charitable, religious, educational, scientific, literary or other organization. You will be asked to provide a copy of your IRS status and exemption letter before we can finalize your registration. Please Note: Kentucky Unemployment Insurance only recognizes 501(c)(3) organizations as Non-Profit. If you do not have the (C)(3) status, please apply as a Regular Business type.

Please select your **Business type** from the drop down menu below and click the "Next" button to proceed.

*Business Type

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Account Registration - Employer Liability Information

Regular Employer Business Type

*Prior to beginning employment in Kentucky, were you subject in the current or preceding year under the unemployment compensation laws of another state, U.S. territory, or Canadian province?

☐ Yes ☐ No

In order to apply for an employer reserve account, you must have begun employment in Kentucky and met liability.
Enter the dates of your first employment and payroll in Kentucky below and then the date in which you first met the liability test(s).

*Date you first employed a worker in Kentucky

*Date you first paid wages in Kentucky

LIABILITY TESTS

*Did you or do you expect to have a gross payroll of \$1,500 or more in any calendar quarter during the current or prior year?

☐ Yes ☐ No

*Have you employed at least one worker for 20 weeks during a calendar year? (Weeks do not have to be consecutive and cannot cross over calendar years. Must be 20 weeks within a single calendar year.)

☐ Yes ☐ No

* denotes required field

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Business Information

Federal Employer Identification Number (FEIN) 611112222

*Legal Entity Name

*Trade Name or Doing Business As

Business Mailing Address

*Address Line 1 Address Line #1

Address Line 2 Address Line #2

Country United States

*Zip Code ZipCode

*City City

*State Please Select

*Phone 999-999-9999

*Email Email address

Fax Number 999-999-9999

☒ I elect to enroll in electronic benefit claim notifications, and acknowledge future notifications will be sent to the email address provided.

Business Contact Representative

*Full Name

*Title

*Phone 999-999-9999

ext

*Email Email address

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Employer Locations

*How many Kentucky locations do you operate?

Location Information [Location #1]

Physical Location must be in Kentucky (Valid Kentucky address, no P.O. boxes please)

Enter Phone number only if different from main location

*Address Line 1

Address Line 2

*Zip Code

*City

*State

Phone

*Number of Employees at this location

* denotes required field

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Business Description

*Business Industry Code

*Business Description

If you know your NAICS Industry Code, please enter it below. If not, please visit the [United States Department of Labor Bureau of Labor Statistics](https://www.sba.gov/startup-business/choose-your-business-structure) website and locate your 6-digit NAICS Industry code.

NAICS Industry Code

*Is your business involved in the contract construction industry? ☐ Yes ☐ No

How is your business structure established with the IRS?

Please visit <https://www.sba.gov/startup-business/choose-your-business-structure> for more details on business structures.

*Business Structure Type

* denotes required field

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Employer Owners/Officers

*How many Owners/Officers are registered with the business that have controlling, financial and decision making interest?

Owner/Officer Information [Officer #1 out of 1]

*Social Security #
*First Name
Middle Initial
*Last Name
*Title
*Address Line 1
Address Line 2
Country
*Zip Code
*City
*State
Email

*Does this business share substantially common ownership, management or control (including a common parent company) with any other business currently or previously operating in Kentucky?

☐ Yes ☐ No

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Service Provider Information

*Do you have workers who perform services for your business whom you consider to be self-employed or independent contractors?

☐ Yes ☐ No

*Do you have workers who receive 1099 forms, instead of W-2 forms?

☐ Yes ☐ No

*How will you be filing your Quarterly Tax and Wage Reports?

- ☐ Electronic Filing on website (Required if you are reporting 10 or more employees)
☐ Paper Filing (The Office will mail you a UI3 form. Electronic filing is encouraged)
☐ File through a third party administrator – CPA, Payroll Provider

SERVICE PROVIDER ADDRESS

Service Providers are third-party providers such as CPA's, Bookkeepers, Accounting Firms or other entities you allow to file your Quarterly Tax and Wage Reports (Form UI-3) on behalf of your business.

*Do you wish to authorize a service provider to discuss or receive information regarding your account?

☐ Yes ☐ No

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Statement of Acknowledgement

Please read each statement and check the acknowledgement box to proceed.

- ☐ *I agree to notify the Kentucky Office of Unemployment Insurance if I close, cancel, sell, transfer, or restructure my business or have new ownership. (The Office does monitor payroll shifts from one business to another. Penalties may be imposed for a business who tries to manipulate their unemployment tax rate.)
- ☐ *I understand that I must file and pay quarterly unemployment tax reports and if my business reports 10 or more employees, I must file and pay electronically. (Electronic filing and payments are strongly encouraged to avoid lost mail or pages from your report that can become separated during processing.)
- ☐ *I agree that I will be filing quarterly reports under my assigned KEIN for my employees only and I am not an employee leasing company filing for multiple employers under one tax number. (Kentucky Unemployment Insurance prevents "employee leasing" and "payrolling". Each employer is required to maintain their own individual experience rating. A combined or blended rate for a group of employers is not permitted.)
- ☐ *Failure to file quarterly reports will result in a \$25 late fee if the report is filed within 30 days or less from the original due date and a \$75 late fee if a report is filed over 30 days late. An additional \$100 penalty will be added if multiple reports are late in the same calendar year. (A report is considered to be incomplete and not filed if it is missing an employee wage listing or does not have the entire wage listings reported. Electronic filing is strongly encouraged to prevent missing wage listings.)

ELECTRONIC SIGNATURE

(The Statement of Acknowledgment must be accepted to submit the application and complete the registration.)

I agree, under the penalties of perjury, that the statements and information entered in this registration application have been examined by me and to the best of my knowledge are true, correct, and complete. I also acknowledge that I am authorized to execute this transaction on behalf of the employing unit.

☐ *I Agree

* FIRST NAME	MI	* LAST NAME	* TITLE
<input type="text" value="First Name"/>	<input type="text"/>	<input type="text" value="Last Name"/>	<input type="text" value="Title"/>

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